

PLEASE PASTE YOUR PHOTO

(ADD ONE MORE ALONGWITH APPLICATION)

PAC RENEWAL FORM

PART - I

1. Full Name (in Block letters):		
	Press Accreditation Card No:	
3.	Fathers Name:	
	Permanent Address:	
	Present Address:	
	Office Address:	
	Organization:	
	Designation:	
9.	Date of Birth:	Blood Group:
10	.Mobile:	Email ID:

(Ref pg ... 2)

12. Weather working for the same Newspaper/Organization or cl the organization which Accreditation was for granted:		
	SIGNATURE:	
	NAME :	
<u>P</u>	PART-II	
CER	TIFICATE	
Certified that Shri/Smt/Kum working for our organization as for Years.	o renew his/her press Accreditation Card with	
This certificate is issued to him/her to		
This certificate is issued to him/her to the Department of Information & F		
	Publicity, Government of Goa.	
the Department of Information & F	Publicity, Government of Goa.	